International Student Transfer Form

Instructions to the Student:

Before processing the forms necessary for a student to transfer to another school, immigration regulations require a Designated School Official (DSO) at the proposed school to determine whether or not an applicant is in status at their current school.

Please sign and date this form in Section 1: Student Release. This gives the DSO at your current institution permission to provide Jefferson College with this information confidentially.

Give this signed form to your current DSO. Inform your DSO of your intent to transfer to Jefferson College. Ask the DSO to complete Section II: Transfer Recommendation. Ask your DSO to return the form directly to the Office of Admissions at Jefferson College so that the transfer procedures can be initiated.

Section I: Student Release

By my signature below, I give permission for my current Designated School Official to provide the information requested to Jefferson College and release my right to access of this information.

______________________________  ______________________  _____________
Student’s Name (please print)  Student’s signature  Date

Section II: Transfer Recommendation
(To Be Completed by the DSO)

All information on this form will remain confidential and be used only in conjunction with the student’s application for admission to Jefferson College.

Visa type _______ Admission Number (I-94) ___________________________ SEVIS Number __________________

Dates of attendance at your institution: From ___________ To ___________ SEVIS Release Date ___________

Was this student enrolled in an English Language program? Yes ___ - Level Completed ____________ No ___

Is this student in status and in good standing with your institution? Yes ___ No ___ If no, please explain:

____________________________________________________________________________________________

To the best of your knowledge, has this student settled all financial obligations to your institution? Yes ___ No ___
If no, please explain: __________________________________________________________________________

______________________________  ______________________  __________________
Name of Designated School Official (please print)  Title  Telephone Number

Signature of Designated School Official  Date

Please return completed form to Kathy Johnston, Jefferson College, 1000 Viking Drive, Hillsboro, MO 63050
Phone: 636.481.3280  Fax: 636.789.5103  email: kjohnsto@jeffco.edu  web: www.jeffco.edu